

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036959

1. Corporation Name

TWIN MANORS OF FORT LAUDERDALE, INC.

Principal Place of Business

6331 N.W. 11 ST APT 16
SUNRISE FL 33313
US

Mailing Address

1829 TIGERTAIL AVE
MIAMI FL 33133
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

65-0419219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 33301 USA

2a. Mailing Address

26 c/o David W. Langley

Suite, Apt. #, etc.

27 1 E. Broward Blvd. #700

28 City & State
Ft. Lauderdale, FL

29 Zip Country

30 33301 USA

9. Name and Address of Current Registered Agent

HOUSTON, J. BRETT
1929 TIGERTAIL AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
David W. Langley

82 Street Address (P.O. Box Number is Not Acceptable)
1 E. Broward Blvd., #700

83

84 City
Ft. Lauderdale

FL

85 Zip Code
33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOUSTON, EDWARD
STREET ADDRESS 100 NE THIRD AVE #850
CITY-ST-ZIP FT LAUDERDALE FL 33301-1148

TITLE PD
NAME HOUSTON, J. BRETT
STREET ADDRESS 1829 TIGERTAIL AVENUE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director/Secretary/
Treasurer
Patricia B. Phipps
1323 S.E. 3rd Avenue
Ft. Lauderdale, FL 33316

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

President Jack R. Loving
1323 S.E. 3rd Avenue
Ft. Lauderdale, FL 33316

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack R. Loving

4/28/99

954-764-1005

Date

Daytime Phone #

CR2E034 (1/98)